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Thomas Funeral Home Box 348 Maryland

(VRA 15.4)

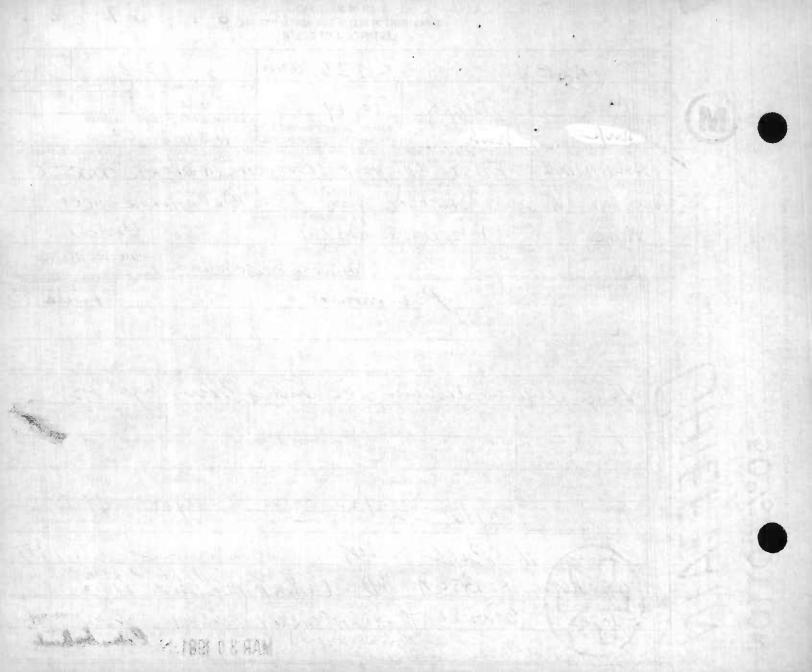
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OR OR		saw the deceased alive an	6-28-	-/	ion death occurred on the date o	nd hour and from the causes stated
ATTEN hospital IRECTOR hed for unept of the term 21 is them 21 is		obove, (I) (we) (did) (did nat	view the bady after death.	DEGREE		77c. DATE SIGNED
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4 g	3 SE	X Ma	4 RACE		5 DATE OF	BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIRTH	DAY) IF U	NDER I YEAR IF UNDER 24 HRS
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or to	CERTIFICATION	Large Un	fished de	rules	w l	ah Mys	formen	myu	175
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R ATTEN hospital RECTOR hed for u		sow the deceased alive an above, (1) (we) (did) (did no	3/16	19	ond,	that in (my) (aur) opinion o	leoth occurred on the do	te and hour an	d from the couses stated
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Framptom-Hawkins Funeral Home, 216 N. Main St. MAK 3

(VR A 15 (4))

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Thomas Funeral Home Box 348 Maryland

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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#3	Co	imbridge	Eastern S	nois Hosp C	enter retir	_		
Ē	USU 13m	AL RESIDENCE (IF NURSING HOME OR STATE 1136 COUN	OTHER INSTITUTION, GIVE RESIDEN		TY LIMITS? 1130 STREET	ADDRESS		
e 3		aryland Worce			NO X POS	T OFFICE	BOX 255	
e x	14 F	ATHER'S NAME			MAIDEN NAME			
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DIVISION OF VITAL RECOXDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND 2120 DIVISION OF VITAL BOX RECOXDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 haurs, rattending physician and completely filled in by as the buriol-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be fillenth and Mental Hygiene prior to buriol, cremation, ar removal. The provided or frem 18 shows any injury, or other traumatic event, the medical exaginer must be not account of the provided or frem 18 shows any injury, or other traumatic event, the medical exaginer must be not account of the provided or frem 18 shows any injury, or other traumatic event, the medical exaginer must be not account of the provided or frem 18 shows any injury, or other traumatic event, the medical exaginer must be not account to the provided or frem 18 shows any injury, or other traumatic event, the medical exaginer from the provided or frem the provided or frem 18 shows any injury, or other traumatic event, the medical exaginer from the provided or frem the	NO	Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTIN	NSEQUENCE OF	NOT RELATED TO	O THE TERMI	NAL DISEASE OR CONI	DITION GIVEN IN	PART Ira
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DHMH- 16 30M 2/80 (VRA 15, 4)		homas Funera	1 Home Box	348 Man	ridge,	A D D	REC'D. BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE

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STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG NO

7h HOUR

20 DATE OF DEATH

FOR

REGISTRAR

DECEASED NAME

- STATE

TYPE OR PRINT

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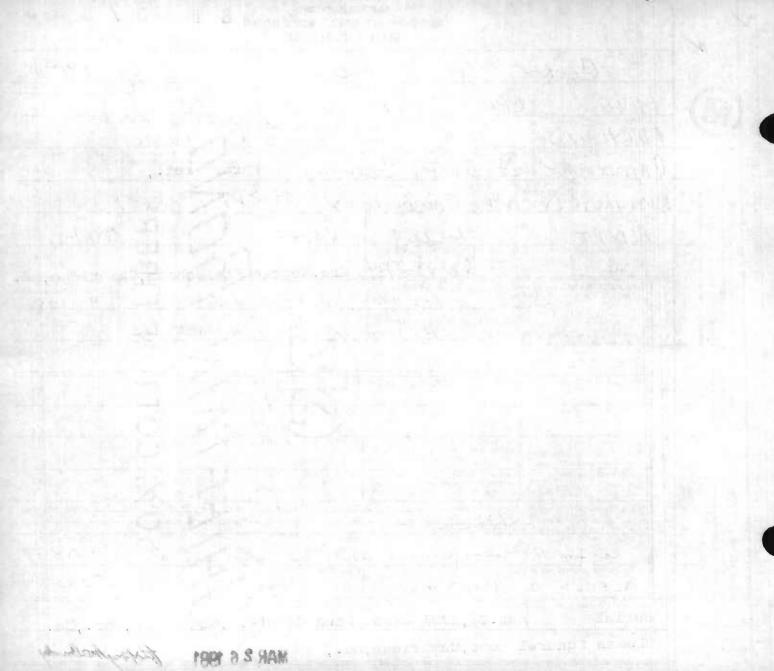
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Thomas Funeral Home, Cambridge, Md.,

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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(VR A 15 (4))

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FOR

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(VR A 15 (4))

CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME FIRST LAST 2n DATE OF DEATH MONTH DAY YEAR 2h HOUR TYPE OR PRINTS PITES ARL 6 AGE IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 HRS DAYS MIN. BALTIMORE CITY OR COUNTY OF DEATH DRCHESTER CO. 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR Truck Frt. deliveryman CENTRAL AVEDUL ADDRESS RECORDS CHITTE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) SEU WKY 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OF TOWN COUNTY STATE , and that in (my) (aur) apinion deoth occurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE STATE CITY OR TOWN Dorchester Mem. Park, Cambridge, Md. Burial .1981 250. DATE REC'D. BY REGISTRAR 256. RECOTRAR'S SIC NATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 Thomas Funeral Home, Cambridge, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) John R. Schmeyer DEATH MATED 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE Nov. 4, 1896 PRONOUNCED 84 Male White DEAD TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED FOREIGN COUNTRY) Penna. U.S. Dorchester DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Eastern Shore Hosp.Center Ret. Capt. Fire Cambridge USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY DOT. 13a STATE Md. 130. STREET OF Academy street Cambridge 13d. INSIDE CITY LIMITS? YES NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Harry Schmever Unknown 166 SOCIAL SECURITY NO. 17. INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO, OR UNKNOWN) 218-34-9050 Mrs. Sarah E. Schmeyer, Cambridge, Md. NO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary ocalusion Few Mins. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES X NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH PRIOR 210 PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE Inspection K 22a. I certify that I taak charge of the remains described above, held an Autopsy Natural causes X death resulted from: Hamicide Undetermined manner TITLE (SPECIFY) ER DEATH, I ACTUAL DATE 3/16/81 EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH. BALTIMORE, MA Deputy SIGNATURE MEDICAL EXAMINER John Mace Jr. M.D. EXAMINER'S NAME Cambridge . Md. TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Mar. 17, 1981 Dorchester Mem. Park, Cambridge, Dor., Md. BP 24. FUNERAL DIRECTOR **DHMH-17** Thomas Funeral Home, Cambridge, Md., (VR A15 ME (5)) 15M 7/77

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2	23a. B	Burial, cremation, removal Burial	3-9-81		emetery or crematory	23d LOCATION Kingst	on, New	Jei	rsey

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR
NAME
Curran Fi Funeral Home

Kingston Cem. ADDRES 308 High Cambridge, Md.

1981

Kingston, New Jersey 250. DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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the attending physician and cremove corbanpopers. Pages

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove corbonipape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		REGISTRAR		CERTIF	ICATE OF DEA	TH	REG.	NO.		
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BP DHMH - 16 50M 7/77 (VR A 15 (4))

etoined by the hospital or attending physician

230 BURIAL CREMATION, REMOVAL

FOR

231. NAME OF CEMETERY OR CREMATORY

MAR 24

23d LOCATION CUY OR TOWN

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21 IS		sow the deceased alive a	in 3/23 19	87_, and that in (my) (our) opinion	death occurred an the date and hau	or and fram the causes stated
tept.		226. SIGNATURE	1 - 1	DEGREE		22c. DATE SIGNED
T. F.	19	Romald X. Ho	Williams	H.D. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/23/87
I AN		MA PHYSICIAN'S NAME MYPE		22e ADDRESS	1.	N-
2 E OK		DON'ALD R.	Youlle Ams H	D. 308 6AY F.	CAMBRIDGE,	P.D. 21613
M O W	23a E	SURIAL, CREMATION, REMOVA	L 236. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
	(Burial		or. Mem. Park	Cambridge.	Dor. Md.
M 7/77	24 F	JNERAL DIRECTOR		Cambridge 250. DA	TE REC'D. BY REGISTRAR 256. REC'ST	RAR'S SIGNATURE
4))	Th	omas Funeral	l Home Box 348	Maryland MA	1 2 6 1981 July	tray mainenday

201 13/65/8 3 Minate CUCCIBING S C.S. -> -> -> M N 51 P 20 OF DECEMBER. WASTERSON . OMIBELDEE DOCEMENTS GELDEN TENNING BEICENAN MD TEEL Combined X Short To E 19 Com A TO E 7 - A CARLON Michigan Theorems I and I will and the more researched as a side of the s THE CHECKEN THE THE THE CHECKEN A SEN WAS BROKEHOEVE GREINSOME, KT. UNG- 15-2-1/45 18 66/6 17 18/6 18 6/6 Long Williams H. D. W. W. C. C. C. S. C. C. DOWNED & HEAVELLAND HOD STEERY T. CHARLES DOES, NO. SHEETS TOTAL CONTROL OF THE CONTROL C 1881 3 8 1981 Francisco Rose 3 con 1881 MAR 2 6 1981 Francisco Rose

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 50M 7/77

(VRA 15 (4))

FOR

REGISTRAR

- STATE

INDUSTRY auto & boat Creighton Cambridge, Md. 21613 Mrs. Phyllis North, 119 West End Ave., APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE _, that (I) (we) last and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED Dorchester Mem. Pk. Airey, Cambridge, Dorchester, burial 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR CURRAN FUNERAL HOME, 308 High St., Cambridge

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

7h. HOUR

HOURS

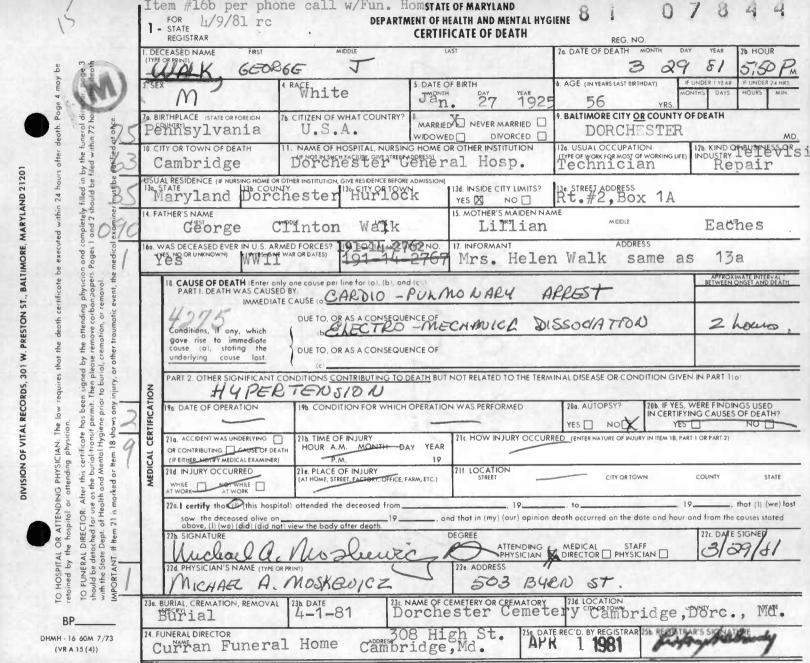
176. KIND OF BUSINESS OR

IF UNDER 24 HRS

IF UNDER TYFAR

MONTHS DAYS

			10 148 (01)			
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	r matia to				000001	None,
	51/11/2 m		Lamber va hadee		Sta Knit	
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	FOR STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	GIENE O F	0
	ECEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 26. HOUR
1	Wi	lbert	Webb		3-29-8 21
3.5	Male	1 RACE	S DATE OF BIRTH MONTH DAY YEAR O O O	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS
	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	(2 1 404		YRS. PR COUNTY OF DEATH
35	COUNTRY	115H	MARRIED NEVER MARRIED WIDOWED DIVORCED	Dorc	rester
121	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STRE		126 USUAL OCCUPAT	F WORKING LIFE) INDUSTRY
US		OR OTHER INSTITUTION, GIVE RESIDENCE BEF		Labor	Υ
35 130	STATE MIN CO	OVOLENE BUPS TO		130 STREET ADDRESS	41 BCX147
0	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE MIDDLE	LAST
2	WAS DECEASED EVER IN U.S.	ARMED FORCES? TIME SOCIAL SEC	CURITY NO 17 INFORMANT	ADDRI	Sharpo
		GIVE WAR OR DATES)	3843 Judato	6	Kolly
vent,		r anly ane cause per line for (a), (b),		Y) C	APPROXIMATE INTER BETWEEN ONSET AND
Fic e	PART I. DEATH WAS CA	DIATE CAUSE (0)	unes) of	ings,	
anma	1639	0	UENCE OP	<i>L</i> /-	
	Conditions, if ony, which	(b)	religios ar	terrola	Cosis
	gove rise to immediate cause (a), stating the underlying cause last		UENCE OF		
NOI	PART 2 OTHER SIGNIFICAL	NT CONDITIONS CONTRIBUTING	SON ALL Protes	MINAL DISEASE RCON	DITION DIVEN IN PART 113
n 18 shows any is	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT
S Short				YES NO	YES NO
E 1/1	an course sure of course of	LIGUE A M. MONTH	DAY YEAR 216 HOW INJURY OCCUP	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
wed or lite	(IF EITHER, NOTIFY MEDICAL EXAMI	P.M. 21e PLACE OF INJURY	19 21f LOCATION		
narked	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC		CITY OR TO	wn county s
15	220 I certify that (1) (this h	ospital) attended the deseased from	U i	, to3,	2 7 , 19 8 7 , that (I) (
em 2	saw the deceased alive above, (1) (we) (did) (dir	d nat) view the body after death.	, and that in (my) (our) opinion	death occurred on the d	ote and haur and from the causes st
=	22b. SIGNATURE	4-	DEGREE ATTENDING	MEDICAL STA	FF 22c. DATE SIGNED
	226 PHYSICIAN'S NAME (T)		PHYSICIAN 220 ADDRESS	DIRECTOR PHYSIC	CIAN DV 3-21-
1 4 8		~		RT 50	cambridge
ORTANT	EVAN GEI				
MPORT	EVAN GEL			1236, LOCATION	
MPORT	BURIAL, CREMATION, REMO		NAME OF CEMETERY OF CREMATORY Settlehem Com	23d LOCATION CITION TOWN	COUNTY 5

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE

